

visited a doctor in the past year. These are women who are not in good health yet nearly a quarter of them have not seen a doctor in 12 months. 42 percent of low-income Asian-American women are uninsured.

Nearly 1 in 5 low-income women are immigrants, and over half of those are noncitizens and they are uninsured. Without health insurance, where can they go for quality health care? Less than a quarter of low-income noncitizen women have job-based health coverage.

Medicaid, or Medi-Cal as we know it in California, has traditionally been a source of support for these women, helping them to receive needed health care services. Unfortunately the changes made in the 1996 welfare law hurt low-income women. The 1996 welfare law separated Medi-Cal from welfare and put new requirements on people receiving cash assistance.

Although the new law pushed people into leaving welfare and onto the job rolls, many of those jobs are low skilled and low paying. Many of those women remain without any form of health care coverage and so do their families. Let us provide them with affordable health care.

CARDIOVASCULAR DISEASE, NUMBER ONE KILLER OF WOMEN

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Ms. CARSON) is recognized for 5 minutes.

Ms. CARSON of Indiana. Mr. Speaker, I am pleased to address this august body and this Nation in celebration of Women's History Month. As we celebrate women's history, we have many women who have made major contributions to the advancement of this country. We have Sojourner Truth, Harriet Tubman, Rosa Parks and Barbara Jordan, and other women who have been enormously progressive in terms of advancing the work and the lives of people across this Nation.

In Women's History Month, however, we must remember the importance of keeping women's bodies healthy. Cardiovascular diseases are the number one killer of women. These diseases currently claim the lives of more than 500,000 women a year. Although these statistics are enormous, many women still are not aware of their risk for heart disease. Why is this the case. Studies have shown that women and doctors may not know that cardiovascular disease is the main killer of women, the leading cause of death among women, not breast cancer, or any of the other diseases that we try to find cures for, but cardiovascular disease is the main killer of women.

Women and doctors may not realize the risk factors for cardiovascular disease because it is different in women than men. Women's symptoms of car-

diovascular disease may not be recognized because they may be different than men, and women do not receive the same levels of prevention, care and treatment as men. It is important that women understand the risks, recognize the symptoms and reduce the risk of a heart attack. We must also ensure that doctors are provided with the proper educational tools and sensitivity understanding that they need in order to help women make the right decisions about their health and well-being.

It is time, I believe, to reduce the numbers and to focus on living healthy and productive lives. Knowledge about our health is powerful, and working towards having and keeping good health is the first step in living a powerful and productive life.

WORKING WOMEN DESERVE HEALTH INSURANCE COVERAGE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Wisconsin (Ms. BALDWIN) is recognized for 5 minutes.

Ms. BALDWIN. Mr. Speaker, it is estimated that 19 percent of women in the United States lack health insurance coverage. Women and their children are disproportionately represented among the Nation's uninsured population, primarily due to the number of women in service jobs and retail jobs which have low rates of employer-provided insurance and lower wages. Many working women have part-time jobs where health benefits are not offered by the employer or cannot afford the premiums to purchase the insurance.

Women who are insured through their spouse's employment are often more susceptible to disruptions in health care coverage. Divorce, death of a spouse, change in job status of a spouse or a change in the dependent coverage through an employer could result in a woman and her children losing health insurance.

We also know that women are living longer, yet the quality of their lives is not always better. Women are more likely to be uninsured than men, and this lack of health insurance is a public health risk.

Studies show that people without health insurance are less likely to receive care and more likely to delay seeking care for acute medical problems. This ultimately adds to the cost because in many cases their medical conditions become more serious producing adverse outcomes that will need extensive follow-up care. Uninsured individuals are less likely to receive primary care or preventive services, which would keep medical conditions from becoming worse.

We all know that women who are diagnosed with breast or gynecological cancers at a later stage are more likely to die from those conditions and dis-

eases than those who detect it early. This is an even greater health risk because we know women disproportionately take care of the family. And as caretakers, women simply do not have the time to be sick. That is why education and prevention and proper health insurance is so vital.

Working women deserve health insurance coverage for themselves and for their children. I am optimistic that we can begin to address the problem of the 43 million people in America who are uninsured and the many more who are underinsured, so that no man, woman or child in this country has health care needs that are not being addressed. No one should be left behind.

GLOBAL WARMING

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentleman from Iowa (Mr. GANSKE) is recognized for 60 minutes as the designee of the majority leader.

Mr. GANSKE. Mr. Speaker, headlines in USA Today scream: "Global Warming Is Evident Now." U.S. News and World Report's cover story proclaims: "Scary Weather: Scientists Issue a Startling Forecast of Global Climate Change," and they feature a picture of the Earth surrounded by stormy weather.

On television, we see chunks of ice the size of Connecticut breaking off of the Antarctic ice shelf and melting. The New York Times shows us the North Pole as a lake. Glaciers are melting and the snows of Kilimanjaro will soon become a memory.

Mr. Speaker, mosquitoes are living at higher altitudes than they have ever been seen before because it is warmer. Tropical bugs are moving north along with the diseases they carry. And if Iowa, my home State, becomes tropical, will dengue fever or malaria become a problem?

The oceans are warmer and coral reefs are dying. Will we see the oceans rise from one to three feet and flood the 70 percent of the United States population that lives within 50 miles of the ocean? Will global warming cause extreme weather, with droughts in some areas and floods in others? Will heat waves hit cities like Chicago and cause hundreds of deaths?

Will Iowa's farmers find that rainfall comes in monsoons and that growing zones are pushed hundreds of miles north? Will tropical agricultural pests that we have never seen before become common in Iowa? What will global warming do to the world's food supply? Will we see widespread famine?

Will global warming destabilize nations and become a national security problem? Will it cause massive migrations from some countries to others? Will we see a further gap between rich